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Chairman Hyde, Representative Lantos and other distinguished Members of the Committee, I would like to thank you for convening this important hearing on avian influenza (AI) and for inviting me to testify.

USAID has closely followed the rise and spread of the H5N1 strain of avian influenza for nearly two years. On February 6th, 2004, USAID provided $250,000 to the World Health Organization (WHO) to assist in the response to the outbreak of avian influenza in Asia. USAID also provided personal protection equipment (PPE) to Vietnam to be used in handling and culling of infected poultry.

More than six months ago, in April, 2005, USAID staff began having regular interagency AI planning meetings with U.S. government partners at the Departments of State, Health and Human Services, Agriculture and Homeland Security to coordinate our efforts to help nations respond to this threat and prevent the spread of avian influenza.

Also in April, USAID set aside $1.25 million to purchase additional PPE and to strengthen surveillance and laboratory capacity in SE Asia, and improve rapid response, including $300,000 transferred to the World Health Organization (WHO). Our Office of Foreign Disaster Assistance also procured 10,000 sets of personal protective equipment for health workers and animal cullers, and pre-positioned it in five SE Asian countries.

Our technical experts in Washington and the field are working with nations, as well as regional and international organizations to contain the spread of the AI virus and, in case it is needed, prepare for a potential human influenza pandemic. USAID has reached out to all of the countries where we have missions as well as to non-presence countries to assess the readiness of regional programs to respond to avian influenza. USAID has completed rapid assessments of the state of preparedness to respond to avian and pandemic influenza in 107 countries eligible for USAID assistance. Assessments cover a full range of essential capabilities, including pandemic planning, surveillance and diagnosis, communications, rapid response, and emergency stockpiles. The information is being compiled in a global analysis that will enable agency health experts to identify gaps, establish priorities and provide strong coordination. By mid-December, the global analysis will be available for use by other U.S. Government agencies.

Our response strategy is guided by the level of the threat in each country. For instance, a country with animal infections but no human infections is at a lower level of threat than one with both animal and human infections. Countries with neither animal nor human infections are at the lowest level of threat. Lower priority is given to countries that can meet their own needs and receive significant contributions from other donors.

Under the leadership of Secretary Rice, USAID is helping countries prepare for a potential pandemic and respond to current animal outbreaks. Working in close coordination with U.S. government partners, USAID is supporting case detection among birds and tracking animal outbreaks so that we may act as rapidly as possible to aggressively contain the illness. In this regard, it is imperative that we raise the profile of avian influenza to host governments so that we can help them undertake efforts to prevent and contain the spread of the virus.

In support of the President's *National Strategy on Pandemic Influenza*, the Agency is focused on the following key principles:

- Preparedness
- Surveillance
- Diagnostics and Response
- Public Communication and Education

Status of the Disease

As of today, highly pathogenic avian influenza [HPAI] H5N1 virus is an avian disease. There is, as yet, no evidence of efficient human-to-human transmission. Nevertheless, mounting an effective response at this stage is essential to halting the spread of this virus in Asia and preventing a potential pandemic.

With the first human death in China linked to the H5N1 avian influenza virus on November 16th, five Asian countries have confirmed fatalities from the disease. H5N1 influenza has been responsible for 133 confirmed human infections with 68 fatalities. More than 200 million domestic poultry in Asia and Eastern Europe have died as a result of avian influenza or been culled or killed.

In each country with outbreaks, it will be vital to quickly detect the virus in birds and contain it there by culling and vaccinating all infected and exposed animals. Some countries such as Indonesia and Vietnam use a combined approach of both culling and vaccination of poultry to reduce the chances of the virus passing to humans.

The present threat mainly stems from animal-to-human transmission and has been mostly confined to Southeast Asia and southern China. But trends are worrisome.

Migratory birds are the natural reservoir of all 16 H subtypes of avian influenza viruses; these viruses exist in the bird in a lowly pathogenic form. However, in Asia and parts of Europe, it appears that migratory birds may actually be harboring HPAI H5N1 virus and disseminating it along their migratory pathways.

The recent expansion of AI into Russia and the Eurasia region underscores the sobering fact that the whole world is potentially at risk. During August 2005, the highly pathogenic H5N1 strain of avian influenza was confirmed in poultry in parts of Siberia, Russia and in adjacent parts of Kazakhstan. Both countries have reported deaths of migratory birds in the vicinity of poultry outbreaks. In October 2005 the presence of H5N1 avian influenza was confirmed in samples taken from domestic birds in Turkey, Romania, Croatia, Kazakhstan and Russia.

The migration of infected birds may have already carried the virus to Africa, as it follows migratory flight paths southwest from northern Russia to east Africa.

USAID Missions in Romania, Ukraine, Georgia, West Bank/Gaza, Tanzania and Ethiopia have been quick to respond to this spreading threat by reprogramming FY 2005 funds to support outbreak containment. To date USAID Missions have reprogrammed $5.8 million, which is in addition to the $10 million emergency supplemental funds, bringing the total USAID commitment for AI in FY 2005 to $15.8 million.

It is important to note that no human cases have been reported in any of these newer outbreaks, although it is possible that suspect human cases have gone unreported. At the present time, the risk to humans is generally low because avian influenza viruses do not usually infect humans.

Despite the limited spread of the virus from animals to humans, there is growing concern that this strain of the Influenza A virus could evolve and spread efficiently from human-to-human, placing millions of lives at risk. If sustained human-to-human transmission occurs, our effectiveness in responding and containing the spread of the virus will be key to minimize death and suffering.

Specific Challenges

Success in containing AI requires limiting animal infections. However, it is extremely difficult to contain animal infections since 70 to 80 percent of poultry raised in Southeast Asia live on small, "backyard" farms. We are facing a lack of awareness about the threat the virus poses to animals and humans alike in the communities that raise these animals. The fact that 50 to 80 percent of poultry deaths in Asia are from non-AI infections poses a further problem in getting small farmers to recognize and report die offs. Farmers who live at subsistence levels are also reluctant to report sick birds for fear of losing their entire flock to culling without compensation.

The economic consequences of a tardy response could be devastating. The Asian Development Bank estimates that the SARS epidemic cost the global business community some $60 to $80 billion in industries, hitting the airlines, manufacturing, and financial sectors particularly hard. The United Nations Food and Agriculture Organization (FAO) estimates that AI has already cost private business as much as $10 billion. Should the circulating influenza strains become easily transmissible between humans, the effects on business around the world would be disastrous.

To effectively meet these challenges, USAID is working in partnership with international organizations and governments to bolster disease surveillance and testing capacity, draw up preparedness plans, and take other preventive actions to contain outbreaks.

The USAID Response

On May 11, 2005, President George W. Bush signed an emergency supplemental appropriations bill, which contained $25 million to prevent and control the spread of avian influenza. USAID was allocated a significant portion of this funding and is working in conjunction with the Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA) in developing nations around the globe to address the current H5N1 outbreaks within poultry and to prepare for a possible pandemic.

The Agency, in partnership with other USG agencies, has moved quickly to operationalize programming in the field. In July, 2005, USAID led an interagency assessment team with HHS and USDA to Laos, Cambodia, Vietnam, and Thailand to develop country-specific action plans for emergency assistance.

We expect that by the end of January, the start of the flu season in Southeast Asia, multi-sector country preparedness plans will be developed with USAID assistance in Vietnam, Cambodia, Indonesia and Laos. USAID targeted these countries because they have the most serious animal outbreaks and cases of human infection, and therefore are in most need of immediate external assistance. In addition, national communication campaigns promoting safe behavior will be underway in the high-risk countries. By the end of February, early warning systems and national response teams should be in place in the four countries to report human and animal outbreaks within one week of onset and to confirm these outbreaks no later than one additional week.

We project that a national program to vaccinate chickens and ducks will be completed by then in Vietnam. Indonesia will benefit from the presence of an emergency team of experts as well as from the establishment of local disease control centers in hot-spot areas. In addition to offering up-to-date information, these centers will train animal health technicians and veterinarians in how to expedite disease surveillance and control in birds. With Indonesian authorities, they will help decide upon appropriate control measures such as culling, vaccination, and bio-security. They also provide support for animal health teams in their systematic, house to house search for diseased birds.

By February, compensation options for farmers should be identified in Vietnam, Indonesia, Cambodia and Laos. These options will be for national governments, multilateral organizations and other sources to examine as it is critically important to reduce their financial burden from losses to their flocks. Simply put, they are our first line of defense and without farmers quickly reporting suspected deaths or cases of AI, our efforts are handicapped from the outset at one of the most critical points.

Pandemic preparedness training in the affected countries is slated to begin in February. This will have local officials gain a better understanding of the importance of transparency and responsiveness in handling reports of disease.

Also, by early to mid 2006, the training of active case detection teams will have occurred in Vietnam, Cambodia, Indonesia and Laos. They will provide logistical support and ensure quality control for sample collections from animal populations and, in cooperation with work funded by HHS, in humans. Health workers will have completed technical education on identifying cases and minimizing their own risks. This will strengthen disease surveillance and laboratory diagnosis capacity.

USAID is working closely with private sector partners as well as international organizations, including the World Health Organization (WHO) and the FAO. This includes providing the first bilateral support to the new Office of the Global Coordinator for Avian and Human Influenza at the United Nations who will lead the efforts of the WHO, FAO and other United Nations agencies. We are helping assure that this global threat is met with a well coordinated and strategically appropriate global effort.

The capacity we are building in surveillance, laboratories, epidemiology and disease control measures and response to infectious disease outbreaks will help countries to better respond to new threats from natural diseases like SARS, measles, and cholera, as well as deliberately-caused diseases of bio-terrorism.

As a concrete demonstration of this inter-agency and collaborative approach to our work on this crucial subject, I joined Under Secretary of State for Global Affairs and Democracy Paula Dobriansky, Deputy Under Secretary of Agriculture Jim Butler, and HHS Secretary Mike Leavitt in September on a fact-finding mission to Southeast Asia that included stops in Thailand, Cambodia, Laos, Viet Nam and Indonesia. The delegation saw first-hand the challenges we face on the ground, and urged national government leaders at the highest levels to work with us, in a spirit of transparency and open sharing of information, to contain the H5N1 virus in animals and prepare for an eventual human influenza pandemic. They also saw programs that are beginning to be the beneficiaries of our recent investments.

In total, USAID obligated $15.8 million in FY 2005 to help prevent and contain avian influenza in Southeast Asia, where the largest impact of this epidemic has been felt. Ten million dollars were from the FY 2005 Emergency Supplemental and $5.8 million were redirected from other programs.

USAID's Office of Foreign Disaster Assistance (OFDA) has pre-positioned personal protective gear for local health and agricultural staff in Cambodia, Laos, Vietnam, Indonesia and Thailand to be used in the case of an AI emergency. Agency experts are also working with FAO and WHO to help strengthen planning for AI control and pandemic preparedness, and working with the business community to increase the resources, expertise and financing available for this effort.

In addition, USAID is an active supporter of the International Partnership on Avian and Pandemic Influenza, which was announced by President Bush at the United Nations in September.

At USAID's headquarters, Administrator Natsios chairs the Agency's Avian Influenza Preparedness and Response Task Force that meets weekly to consider urgent policy and budget issues. It includes representation from all Agency bureaus.

In early October, Mr. Natsios personally wrote to all of USAID's missions to signal avian influenza as the top agency priority, calling for each mission to engage national government and local partners on country-level preparedness and readiness

Administrator Natsios also established the Avian and Pandemic Influenza Management and Response Unit located in the Bureau for Global Health. This unit is responsible for day-to-day management and oversight of the Agency's AI activities, including providing direct technical and program support to the regional bureaus and field missions, liaising with other U.S. government and international partners on AI, and identifying and reporting to the Task Force on key policy and budget issues that require senior level action.

In the field, USAID Missions around the globe are moving ahead rapidly with plans to address AI. Many are supporting U.S. Government and ministerial task forces, collaborating with international organizations, and working with FAO on animal surveillance.

In addition to the multi-sector plans for Southeast Asia, USAID is also closely working with ministries of health and agriculture and international organizations in Africa, Latin America and the Caribbean, and Europe and Eurasia to draft preparedness plans to include: establishing sentinel surveillance sites for poultry flocks and wild birds; strengthening monitoring and reporting of human respiratory illnesses to rapidly identify unusual cases; reinforcing laboratory capacity to enable detection of AI, or identify labs in nearby countries that can do testing.

USAID is working aggressively to address imminent risks in Africa, especially the East African countries of Ethiopia, Kenya, and Tanzania to increase surveillance for H5N1 among birds especially along trade routes. In addition, in collaboration with HHS, USAID is redirecting its existing human disease surveillance program in East Africa to include a strong focus on detecting and diagnosing AI. And while the threat in West Africa is marginal now, it will increase in the spring when wild birds from East Africa travel and meet with birds from Europe.

USAID missions are providing assistance to host governments to assemble donors, establish task forces, and develop pandemic preparedness plans in cooperation with other U.S. Government agencies, FAO, and WHO. In addition, countries with USAID support are strengthening disease surveillance programs to include a strong focus on detecting, diagnosing, and responding to avian influenza.

USAID has a person designated as point of contact for avian influenza in every Mission and regional office and, through their efforts, has received assessments from 40 African countries detailing country activities, preparedness level, and potential role of USAID. These assessments are currently being analyzed to use in the planning and resource distribution process. In addition, several African countries, including Ethiopia, Uganda, Senegal, Tanzania, and Nigeria, have provided detailed plans for avian influenza preparedness activities. Many countries are building upon existing SARS and Influenza preparedness plans and task forces and focusing on strengthening existing surveillance and laboratory capacity.

Tanzania, for example, has moved ahead quickly to address the potential threat of avian influenza. The USAID Mission has reprogrammed $75,000 of existing surveillance funds to focus on wild bird surveillance, and has been asked to write the wild bird risk assessment section of the health sector National Preparedness Plan. The Mission has also supported multi-sectoral work on avian influenza, including the convening of a multi-sector task force with participation of the Ministries of Health, Water and Livestock Development, and Natural Resources and Tourism.

On October 31st, Under Secretary of State for for Global Affairs and Democracy Paula Dobriansky joined USAID Africa Bureau Assistant Administrator Lloyd Pearson, Avian and Pandemic Influenza Management and Response Unit Director Dr. Dennis Carroll and myself at a USAID-sponsored meeting with 12 African Ambassadors to provide an update on AI and discuss responses.

USAID's 16 missions in Latin America and the Caribbean are working with host governments and other partners to raise awareness and plan for a potential AI outbreak. This involves assessments of the pandemic preparedness of host countries, and technical consultations in cooperation with other U.S. government agencies and the Pan American Health Organization (PAHO).

In recent weeks, USAID quickly responded with our other U.S. Government counterparts to AI outbreaks in animal populations in Eastern European and Eurasian countries. We are providing

technical assistance to develop and strengthen preparedness plans, conduct disease surveillance among animals, and determine immediate needs to head off further outbreaks in the region.

We are also beginning to work with the private sector on possible public-private partnerships. USAID's Global Development Alliance (GDA) is reaching out to corporations and talking to consumer product companies that employ community health advocates to incorporate AI information into their curriculum. USAID's GDA Secretariat has met with approximately 25 companies to date. In addition to meetings in the United States, GDA recently hosted a series of discussions in Indonesia, Vietnam and Thailand with potential private sector partners as well as American Chamber of Commerce and Embassy representatives.

Businesses can play an important role by bringing the message beyond the workplace, by educating communities where their facilities are located, and promulgating the message through their distribution channels. USAID is also in contact with companies in the poultry and animal feed industry to help them improve bio-security measures and establish improved surveillance and control measures within their supply chains.

Next steps

On November 1st 2005, President George W. Bush requested $7.1 billion from Congress to fund a comprehensive response to avian and pandemic influenza. The request includes $251 million in support of international efforts to detect and contain outbreaks of novel influenza strains with pandemic potential before they spread around the world.

The budget request reflects a national strategy that is designed to meet three critical goals: first, detect and contain outbreaks of novel influenza strains that occur anywhere in the world; second, protect the American people by stockpiling vaccines and antiviral drugs, and improve the U.S. ability to rapidly produce new vaccines against a pandemic strain; and, third to prepare for an effective response at the federal, state and local levels in the event that a pandemic reaches our shores.

The first part of our strategy is to detect outbreaks among animals before they spread across the world. In the fight against avian and pandemic flu, early detection is our first line of defense. USAID, in partnership with HHS, USDA and the Department of State has been charged to lead the international effort. One hundred and thirty-one million dollars of the request to Congress is for USAID programs to help our foreign partners expand their surveillance and testing capacity for possible H5N1 outbreaks, draw up preparedness plans, and take other critical actions to detect and contain outbreaks.

Specifically, USAID, in close cooperation with HHS and USDA, will strengthen animal and human surveillance, behavior change communications, and response capacity in the most-affected countries - Cambodia, China, Indonesia, Laos, and Vietnam. Because of endemic animal infections and confirmed human cases, these countries represent the greatest risk for human health. China is a significant poultry producer which increases the risk for human infections, and they are on a major flyway for migratory birds.

USAID will also improve pandemic planning and animal surveillance in countries where H5N1 has been recently introduced or those at high-risk of introduction because of bird migration patterns.

These activities would be focused in Eastern Europe, Eurasia, the Near East, and Africa. Activities in Central and South America will focus on pandemic planning.

The Administration's request for supplemental FY 2006 funding will allow, USAID, in partnership with HHS and USDA to create a stockpile, to be managed by the Office of Foreign Disaster Assistance, of key medical supplies that will be pre-positioned in high-risk regions of the world to contain potential outbreaks of H5N1 among humans. We are presently working out the details, in concert with our U.S. Government and international partners, on the stockpiles composition, quantities and strategies for their use.

Conclusion:

The first principle of good disaster preparedness and management is: we may be allowed to hope for the best but we must be prepared for the worst. This principle has guided our preparedness planning for the challenge of a potential outbreak of avian influenza.

It should be underscored that as of today there is no evidence of efficient human-to-human AI transmission. This is not a moment for complacency, however, as the distinguished members of this Committee well know. We may be allowed to hope for the best but we must be prepared for the worst. This has been an operating principle at USAID since Admistrator Natsios made the issue of avian influenza the number one priority at the Agency in September.